



PTO/SB/21 (04-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/640,737-Conf. #5085
	Filing Date	August 17, 2000
	First Named Inventor	Eva-Maria Mandelkow
	Art Unit	1646
	Examiner Name	O. N. Chernyshev
Total Number of Pages in This Submission	Attorney Docket Number	28384/36668

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Request for Continued Examination Appendix A, Appendix B
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MARSHALL, GERSTEIN & BORUN LLP Thomas J. Wrona, Ph.D. - 44,410
Signature	
Date	December 10, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 10, 2004

Signature: (Thomas J. Wrona, Ph.D.)



DEC 13 2004

USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/___/04**FEE TRANSMITTAL****For FY 2005**

(Reflects USPTO filing fees in effect from 12/___/04)

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **1,020.00****Complete if Known**

Application Number	09/640,737-Conf. #5085
Filing Date	August 17, 2000
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Art Unit	1646
Attorney Docket No.	28384/36668

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order
☐ Deposit Account ☐ NoneDeposit
Account
Number

13-2855

Deposit
Account
NameMARSHALL, GERSTEIN &
BORUN LLP

The Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	x	=

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	x	=

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
Subtotal (2) \$	0.00

FEE CALCULATION**1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	300	150	
Design/Design CPA Filing Fee	200	100	
Plant Filing Fee	200	100	
Reissue Filing Fee	300	150	
Provisional Filing Fee	200	100	

1a. ADDITIONAL FILING FEES

Utility Search Fee	500	250	
Design Search Fee	100	50	
Plant Search Fee	300	150	
Reissue Search Fee	500	250	
Utility Examination Fee	200	100	
Design Examination Fee	130	65	
Plant Examination Fee	160	80	
Reissue Examination Fee	600	300	
Application Size Fee, each add'l 50 sheets > 100 sheets	250	125	

Subtotal (1) and (1a.) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	
2-month extension of time	450	225	
3-month extension of time	1020	510	1,020.00
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	500	250	
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	

Other: Request for Continued Examination 790.00

Subtotal (3) \$ 1,810.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,410	Telephone	(312) 474-6300
Name (Print/Type)	Thomas J. Wrona, Ph.D.	Date	December 10, 2004		

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